

Train-to-Career

PROGRAM PARTICIPANT APPLICATION

Please print:

Name: <small>(last) (first) (middle initial)</small>			Date of Birth: ____/____/____	Age:
Social Security Number: ____ - ____ - ____		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Primary Phone Number:	
			Secondary Phone Number:	
Residence Address: <small>(street) (apt. number)</small>				
City:		State:	Zip Code:	
Email:			Are you a Veteran? Yes ____ No ____	
Are you a U.S. citizen/legal alien? Yes ____ No ____		If legal alien, registration number:		
Are you registered with Selective Service Yes ____ No ____				
Are you currently working with an employment and training program or outplacement service? Yes ____ No ____				

EMERGENCY CONTACT INFORMATION

Name:	Relationship:	Address:	Phone #:
Name:	Relationship:	Address:	Phone #:

TRANSPORTATION:

Do you have a valid driver's license? Yes ____ No ____	Do you have your own vehicle? Yes ____ No ____
What type of transportation will you take to school or a job?	

EDUCATIONAL LEVEL: Check the highest level of education you have completed.

8th Grade and under ____ 9th Grade – 12th Grade ____ High School Graduate or Equivalent ____
1-3 Years of college, or full-time technical or vocational school ____ 4 Years of college or more ____

SPECIAL LICENSES/CERTIFICATIONS: List any special licenses or certifications your currently hold. _____

EMPLOYMENT HISTORY (Please start with your present or most recent position, including temporary positions):

Employer:	City:		
Job Title:	Start Date:	End Date:	
Summary of Responsibilities:			
Reason for Leaving:			
Ending Salary:	May we contact this employer? Yes _____ No _____		

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PLEASE READ BEFORE COMPLETING AND SUBMITTING THIS APPLICATION.

Train-to-Career is a program of the Minneapolis Employment & Training, a division of the Department of Community Planning and Economic Development. The partner agencies assess each applicant at intake to determine the person's eligibility for services and to determine which services will help the applicant get a job and an increase in income. So that we can make the best possible assessment, we will be asking you to give us information about yourself. Except for your social security number, all of the information you will be asked to supply on our application form is necessary to complete our assessment.

DATA PRIVACY NOTICE: Train-to-Career staff use the information you give us to help you find employment and training. We put the information in a case file and a computer record keeping system. Agency staff can see the information in order to carry out their job duties. We use the information for your assessment and to develop an Employment Services plan and to gather information for reports and audits required by Federal and State agencies that provide the money to run our programs. Information on this form is private data. Only information directly related to helping you find employment will be shared with employers. Private information is available only to you and other RENEW Service Providers and local and state welfare agencies. You are not legally required to answer any of the questions. If you do not provide the information, or give us false information, program benefits may be denied or delayed.

EQUAL OPPORTUNITY POLICY: We consider applicants without regard to race, color, creed, religion, national origin, sex, marital status, disability, sexual orientation, or status with regard to public assistance. It is our policy to abide by all Federal, State, and local laws concerning discrimination.

COMPLAINT AND APPEAL POLICY: If you feel that anyone in our office has treated you unfairly, you have the right to file a complaint. If you have been denied services, you have the right to file an appeal. If you wish to file a complaint or appeal, please see a staff member for assistance.

The information I have provided on this application is true to the best of my knowledge. I have been made aware of and understand the Data Privacy Notice. I agree that the information on this form may be shared among Train-to-Career service providers in order to help me find training and employment. My consent begins on the date I sign this form and lasts for one year.

Applicant Signature

Date

Train-to-Career Counselor Signature

Date

